


FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90003 015 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14452
1. Corporation Name
VILLAS OF GOLFVIEW, INC.

Principal Place of Business Mailing Address
9674-Fontainebleau-Bldg.; Suite-30; Miami;-Florida-33172-; 9674-Fontainebleau-Bldg.; Suite-30; Miami;-Florida-33172-.

21	2. Principal Place of Business The Timberlake Group, Inc., Suite, Apt. #, etc. 5050 N.W. 74 Avenue, City & State Miami, Florida. Zip 33166	26	2a. Mailing Address The Timberlake Group, Inc., Suite, Apt. #, etc. 5050 N.W. 74 Avenue, City & State Miami, Florida Zip 33166	30	Country U.S.A.	3.	Date Incorporated or Qualified 04-17-1986	4.	FEI Number 59-2827046	Applied For	Not Applicable
22	23	27	28	29	31	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9.	Name and Address of Current Registered Agent Raul E. Fajet, 9674-Fontainebleau-Bldg.; Suite-30, Miami;-Florida-33172.	81	Name Robert A. Dugger,
		82	Street Address (P.O. Box Number is Not Acceptable) The Timberlake Group, Inc.,
		83	5050 N.W. 74th. Avenue,
		84	City Miami,
		85	Zip Code FL 33166

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* ROBERT A. DUGGER 3-02-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D Raul E. Fajet, 9674 Fontainebleau Blvd, #30, Miami, Florida 33172. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	RD San Gonzalo, 9660 Fontainebleau Blvd, #14, Miami, Florida 33172. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD Jaime Romero, 9660 Fontainebleau Blvd., #14, Miami, Florida 33172. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD Lamadrid Diego, 9674 Fontainebleau Blvd., #25, Miami, Florida 33172. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD Xavier Corral, 9670 Fontainebleau Blvd., #8, Miami, Florida 33172. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* GONZALO SAN 4-26-99 (305) 593-1141